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## Osteopathic Digest (May 1932)

Philadelphia College of Osteopathy

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Paul T. Lloyd

ALUMNI NUMBER

Vol. 5, No. 8

Published by the PHILADELPHIA COLLEGE OF OSTEOPATHY Monthly During the College Year.

May, 1932

## Drive For \$50,000.00 Launched To Meet Present Needs

Board of Directors, Faculty, Hospital Staff, Alumni Association, Womens Auxiliary, Nurses Combine in Organized Effort

### Program Sponsored by Directors Comprises a Quiet, Vigorous Canvas, Not a Public Campaign

After careful analysis of the needs of the College and Hospital and believing in their worthiness to claim support, the Board of Directors of these institutions through its Finance Committee last week announced a Finance Program to raise \$50,000. All members of the faculty and hospital staff have already been organized into active working units for the purpose of canvassing. Each Tuesday night from this time on all workers will be required to, be present to report on their activities and successes.

### Quotas Assigned To Faculty Members

To insure uniform and fair sharing and division of responsibility and work in this canvass for funds, there has been allocated by a Steering Committee of the Board a sum for each member of the working family to raise. This will be known as his "QUOTA" and he will be required to keep working until he has been successful in realizing his proportionate part of the \$50,000.00 goal.

### Reasons For The Finance Program

In the face of many delinquencies in payment of previous Campaign subscriptions, the institutions operating revenues have of necessity been applied toward defraying fixed charges. Payment of overdue subscriptions will rectify this condition and will be counted in the present goal of \$50,000.

Pressing demands for new and improved equipment and facilities also make it necessary to call on friends of the College and Hospital for funds. Among the needs are to be noted a Deep Therapy X-Ray Unit, an enlarged Children's Ward, remodelled Men's and Women's Wards, Ward Furnishings, Osteopathic treating tables, a Motion Picture Projector, new beds, Basinettes, Operating Table, etc.

### All Lay Friends And Alumni To Be Solicited

Heading the list of those to be reached in the present canvasses are those Osteopathic physicians who have not met their pledged subscriptions to date. In some cases no payments have been made while in many other instances payments have fallen short of the terms contracted for. Those persons will be importuned to the extent of being asked for that which is due the institution.

All lay contributors in the previous campaign will be interviewed and opportunity established for the making of new gifts, also present and former patients of the Hospital will be solicited. All graduates of the College will be asked to send in "A Drop in the Bucket". EVERY GIFT REGARDLESS OF SIZE IS OF THE UTMOST IMPORTANCE TO THE SUCCESS OF THE PROGRAM.

### On To The \$50,000 Goal!

Gracious acknowledgement is made of recent receipt of the following cash and pledges:

Dr. S. E. Yoder	\$25.00
Dr. Angus Cathie	6.00
Mr. Harry Gilmore	10.00
James C. Shearer	5.00
I. W. Gross	10.00
Alex. Smith	5.00
Dr. Lillian Bentley	120.00
Dr. Russell Perry	120.00
Dr. R. W. Stollery	100.00
Dr. Ronald Thorburn	120.00
Dr. John Atkinson	120.00
Dr. Robert Conover	120.00
Dr. J. M. Shellenberger	120.00
Dr. C. J. W. Beall	20.00
Dr. Arthur Weinert	120.00
Dr. O. C. Mutschler	120.00
Dr. Roy K. Eldridge	120.00
Dr. Wm. J. Wolfert	10.00
Dr. Wm. Bugbee	20.00
Dr. John MacDonald	100.00
Dr. J. E. Barick	10.00
Dr. E. G. Drew	375.00
Dr. E. A. Green	100.00
Dr. George S. Rothmeyer	200.00
Dr. Chas. M. Sigler	20.00
Dr. George T. Hayman	25.00
Dr. Otterbein Dressler	25.00
Dr. Peter H. Brearley	100.00
E. A. Wright Co.	50.00
Drs. Marion Dick & J. F. Smith	25.00
Drs. Chester & Mary Losee	25.00
Drs. Francis & Clara Beall	120.00
Dr. Mortimer J. Sullivan	41.74
H. B. Brazier	20.00
Dr. F. D'Eliscu	10.00
Dr. Paul T. Lloyd	25.00
Miss Grace Burkett, R.N.	25.00
Miss Eleanor Lewis	50.00
Miss Dorothy Kunkle	1.00
Dr. Ralph Cosaboon	10.00
Miss Emma B. Houseman	10.00
Dr. Vincent H. Ober	10.00
Dr. Edith E. Dovesmith	10.00
Mr. Frank P. Will	25.00
Dr. D. George Nelis	10.00

### Hospital Per Capita Reduced For Month Of March

The operating expenses for the month of March shows the cost per patient day to be \$6.68 and this cost is a reduction of 75 cents per patient a day as compared with the previous month.

The income for the month, \$13,138.42 shows an increase of \$849.03 over the month of February, but the operating expenses were decreased \$551.85 for the same period. The census for the month shows 1681 patient days with 54 patients the average number per day in the Hospital.

During the month of March, approximately 2000 cases were treated in the general clinic. The laboratory in the Hospital examined 456 cases, and the X-Ray department examined 229 cases.

During March thirty major operations were performed and sixty-two minor operations were handled in the operating room.

## Beaver College President to Address Seniors at Commencement

Noted Educator to Speak on "Success"

Walter B. Greenway will speak on the "Discovery of Success", at the formal graduation exercises to be held on June 4th in the college auditorium, 48th and Spruce Streets.

The noted educator will deliver his address to eighty members of the graduating class. Dr. Greenway is President of Beaver College for Women at Jenkintown, Pa., and very well-known for his work in education in this city.

Last year former Governor Moore of the State of New Jersey was the principal speaker.

Russell Duane, Esquire, President of the Board of Directors of the Hospital and College will present the coveted diplomas to the graduating class and Dr. Edgar O. Holden, Dean of the College, will announce the winners of the various prizes.

The Rev. H. F. Baughman, of the Trinity Lutheran Church, Queen Lane, Germantown, will deliver the Baccalaureate Sermon on Sunday night, May 22, in the college auditorium at 8:15 P. M.

## Alumni Golf Tournament to be Gala Affair

Dr. Carlton Street, chairman of the golf committee, is expecting fifty physicians to tee off for the Championship Golf Tournament and special prizes. Play will commence at nine o'clock and continue until completed. All physicians are advised to bring their own clubs, June 4th, and to get in touch with Dr. Street if they intend to play. Handicaps will be arranged by the golf committee as soon as a name is received with the physicians highest and lowest scores.

In conjunction with Alumni Day on June 4th, the following classes are expected to hold special Alumni reunions: 1907, 1912, 1917, 1922, 1927, 1931.

## Final Examinations Commence May 16

Final examinations for Seniors will commence on Monday, May 16, at 12 o'clock, with Pathology; Tuesday, May 17—Respiratory, Dissecting, Tuberculosis, Endocrinology, Differential Diagnosis; Wednesday, May 18—Obstetrics, Chemistry and Toxicology; Thursday, May 19—Surgery; Friday, May 20—X-Ray and Anaesthesiology; Saturday, May 21—Anatomy; Monday, May 23—Gynecology, Bacteriology and Hygiene; Tuesday, May 24—Eye and Ear; Wednesday, May 25—Neurology and Physiotherapy; Thursday, May 26—Dermatology; Friday, May 27—Gerontology and Clinics (including Pediatrics.)

### P. C. O.'s POST-GRADUATE COURSE\*

June 20-July 2, 1932

CLINICAL LECTURES, PRACTICAL AND BEDSIDE DEMONSTRATIONS  
Three Demonstration Periods Daily Followed by Clinical and Hospital Practice

Each Week	9 A. M.-10:30 A. M.	10:30 A. M.-12 M.	1 P. M.-2:30 P. M.	2:30 P. M.-4:30 P. M.
Monday	Minor Surgery and Athletic Injuries	Obstetrics	Eye, Ear, Nose and Throat	Sections of Class in Clinics and Hospital Wards each afternoon
Tuesday	Foot Technique	Proctology	Urology Venerology	— — —
Wednesday	Gastroenterology	Pediatrics	Diseases of Chest Circulatory Dis. Respiratory Dis.	Trip to Municipal Hospital for Contagious Diseases
Thursday	Osteopathic Technique	Acute Infections Dermatology	Gynecology	— — —
Friday	Metabolic Diseases Endocrinology	Diseases of the Kidney Differential Diagnosis	Osteopathic Technique	Trip to 19th and Spring Garden Streets Pediatrics Clinic
Saturday	Minor Surgery Surgical Diagnosis	Physical Therapy	Neurology	Public Health Trips

\*Tentative Schedule—Subject to Change.

No Tuition Charge.

A detailed Syllabus of each subject will be available for publication in advance of scheduled date for beginning of course.

## Alumni Reunion Alumni Banquet Class Reunions

JUNE 4th

(An Open Letter to the Osteopathic Profession.)

May 1, 1932

Once again 1932 brings us to another memorable Alumni Reunion. This time close to the stars and heaven on the 17th floor Roof Garden of the Adelphia Hotel, with the strains of Charlie Kerr's Orchestra and his romantic syncopators. This atmosphere and renewed friendships will help to make another year pass in pleasant association. Three dollars will furnish you with music, palatable dinner and an opportunity for expression.

In order to save time on June 4 here are the speeches!

"The president of the Alumni Association, Dr. H. Walter Evans, welcomes the new graduates."

The Senior Class President in response on behalf of his class is grateful for the good time they are being given, and assures us that they will all live up to the concepts and teachings of their profession.

Dean Holden says, "That we have had a very successful year in our Alma Mater."

Dr. Charles Muttart says, "That our athletic activities have been tremendously increased, since the days of the Gymnasium at the College when located at Broad and Columbia Avenue."

Ex-Dean Arthur M. Flack says, "That large strides have been made in the progress of our institution."

These are the only after dinner speeches that would have been given June 4th, and we are giving them to you in advance. Hence this year it is, "On With The Dance", and what have you, as soon as you have finished the very splendid dinner.

We feel sure you will be interested in these announcements. We are planning to bring as many classes as possible to the mysterious 16th floor that is being hurriedly reserved by former class presidents in order to be "on the spot" when needed.

CAN WE COUNT ON YOU?

Faternally yours,

DR. RALPH FISCHER

Chairman, Alumni Banquet

## Alumni Clinic Well Attended

Thirty interested physicians took advantage of the Alumni Clinic held Saturday, April 30, at the Osteopathic Hospital and College. A very interesting program was presented with practical demonstrations and clinic cases used for diagnosis.

The program was as follows: 9:30 to 10:45—"Dermatology" by Dr. E. Cressman; 10:45 to 12:00—"Minor Surgery & Diagnosis" by Dr. F. C. True; 1:00 to 2:00—"Endocrinology" by Dr. Earl Riceman; 2:00—"Principles of Osteopathy Applied" by Dr. F. C. True and Dr. F. W. Long; 4:00—"Demonstration of Principles" by Dr. C. H. Soden, Dr. D. E. Stombaugh, and Dr. Peter H. Brearley.

## "DIGESTING THE NEWS"

The Philadelphia County Osteopathic Society held a monthly meeting on Thursday evening, April 28, at eight o'clock, in the Bellevue-Stratford Hotel. Professor Russell C. Erb, noted chemist, spoke on "Research Possibilities in Osteopathy from the Standpoint of the Chemist."

Dr. F. C. True, Associate Professor of Surgery, addressed the Delaware State Osteopathic Society at Wilmington, on Thursday, April 28, 1932. His subject was "The Indication For Operation in Acute Abdomen".

The Women's Auxiliary of the Osteopathic Hospital held a card party on Saturday, April 30, 1932, in the College auditorium.

Dr. William S. Spaeth, in the Interest of the Children's Clinic at the Osteopathic Hospital, Philadelphia, gave a radio talk over Station WPEN, Philadelphia, on October 23, 1931 on "Baby's Feet".

The Pediatric staff of the Osteopathic Hospital will furnish the entire program for meeting of New Jersey State Society at Newark, on May 14. Speakers will include Dr. Ira Drew, Dr. Ruth Tinley, Dr. Leo Wagner, Dr. Ralph Fischer, Dr. William Spaeth, and Dr. Harold Lyman.

The physicians will discuss taking case histories, infant feeding and interesting cases. Moving pictures of various cases seen and treated at the hospital will be shown.

Class of 1917 P. C. O. - NOTICE! Fifteenth year Reunion. We want to see—"Guy" Barr, Sarkis Balian, "Pop" Clark, "Nat" Boyd, "Ted" Corlis, Walter Evans, Earl French, "Peg" Hoff, Crowell Hoff, Gordon Losee, Harry Patterson, George Smith, Francis J. Smith, George Smith, and Willard Sterrett.

Phi Sigma Gamma, Iota Tau Sigma, Theta Psi, and Atlas will hold reunions on the 16th floor of the Adelphia Hospital on June 4, at the Alumni Dinner.

The Osteopathic Women's National Association has offered cash prizes for the best paper on Public Health. The four prize winning papers, two by men and two by women students, will receive \$50 and \$25 each.

Dr. Richard J. Dowling spoke to the Biology classes at De La Salle Academy. Dr. Dowling in his most interesting talk, took as his subject "Principles and Practice of Osteopathy". The talk was in conjunction with the extra-curricula speeches which are a special feature of all science courses at the Academy this year.

(Continued on page 3)

ALUMNI REUNION DINNER DANCE  
HOTEL ADELPHIA-JUNE 4th, 7 P. M.

Two Big Events

P. C. O.'s. POST-GRADUATE COURSE  
JUNE 20th-JULY 2nd - NO TUITION!



## OSTEOPATHIC DIGEST

The Official Bulletin of the  
Philadelphia College of Osteopathy  
48th and Spruce Streets, Philadelphia, Pa.

## ADVERTISING RATES

One Page	\$100.00
Half Page	75.00
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Column Inch	1.50
Subscription Price, \$1.00 per Year	

## Editorial

IDEALS OF SERVICE EXPRESSED  
IN FINANCE PROGRAMS

In acknowledging a tribute paid to him by Alumni of an Eastern University, a philanthropist spoke of his gift to the University "as an ideal, and as representing an opportunity, a duty, an obligation, a service."

Like the "ideal of service" seen by this generous donor, the Philadelphia College of Osteopathy is the living expression of the loyalty, the affection, the sacrifice of hundreds of individuals. Just as each brick played its part in the new edifice, so each individual gift to P. C. O. has its place in the structure and life of one of Osteopathy's greatest institutions.

No gift is too small, none too large. There is room for them all in the mosaic patterned on the edifice at 48th and Spruce Streets.

The world is in the midst of a great economic upheaval. P. C. O., too, is feeling the pressure. It is the time for fortitude and courage and faith in its future. A sacrifice in these days for an ideal can strengthen the cause and the individual alike. Many small gifts will enable P. C. O. to tide over a most difficult period.

President Thomas Gates, of the University of Pennsylvania, in appealing to Alumni for contributions to the University's Annual Giving Fund, recently said: "In supporting the U. of P. you are backing one asset that will not go down. We have the assets that cannot freeze—dreams and ideals and the valuable things of life. You cannot sell the University of Pennsylvania short."

Another noted educator writes: "Greatly reduced income will make this year one of the most difficult in our long history. To some this may seem a lamentable situation, but it presents also a challenge and an opportunity which, if taken in the right way, will strengthen rather than weaken the College's position."

The Board of Directors of P. C. O., like these Great Executives cited above, have staked their faith and confidence in the worthiness and right of our college and hospital to claim the support of the Osteopathic profession and of the public.

A flood of checks, made up of many "drops in the bucket", will tide P. C. O. over one of the most difficult years.

EMPHASIS ON TECHNIQUE A CONSEQUENCE  
OF SYSTEMATIC STUDY OF METHODS

About two years ago the Department of Osteopathic Diagnosis and Technique, realizing the need and value of uniformity in nomenclature and methods of teaching technique, held a series of regular meetings to consider propositions touching on the teachings of this important department. Following careful analysis of matters there eventuated a comprehensive program of instruction approved and agreed upon by all members of the department. In substance, in addition to adoption of uniformly understood nomenclature, the Department decided on the Principles of Mechanics to be followed in the correction of Osteopathic lesions, with the requirement that all teachings on technique must conform to the Principles worked out.

Each technician must pass a rigid test (after thorough instruction) in the principles and mechanics entering into the normalizing of any and all articulations. The technicians are advanced on merit only.

Charts are used showing enlarged articulations with arrows pointing out the direction of the locking or the controlled force and the corrective force. Each instructor has a complete set of notes, which he must know thoroughly before being allowed to teach. The lessons are assigned and reviewed one week in advance. The attendance at these meetings and in teaching group technique in small sections has been quite satisfactory.

The Sophomores are taken in small groups and thoroughly instructed by observation, palpation and tests for motion, the normal or abnormal structure and supporting structure. The Juniors are given three didactic lectures each week, in which the Principles and Mechanics in the correction of Spinal and Sacro-Iliac lesions, foot lesions and lesions of the extremities are explained and demonstrated.

They are drilled thoroughly on simplified mechanics and their application.

The Seniors (1st semester) are taught advanced technique, including bedside technique and they must prove their efficiency as technicians before graduating. The instructors help the students in the Clinic where real problems are presented. They explain why a case should be treated, and how, as well as the case which should not be treated, and why. Patients are brought before the Seniors and Juniors in the amphitheatre so that they can see the correction of lesions under anesthesia.

We are studying lesions in collaboration with the X-Ray Department independently of each other and the check up shows very gratifying results. The X-Ray offers such an interesting and invaluable study, that more time will be spent in research with this department.

The department has grown so that now we have eighteen instructors. They are all working in harmony, and keeping one thought in mind, the advancement of this fundamental branch of Osteopathic practice.

C. Haddon Soden, D.O.

THE SPINAL  
COLUMN

By RUSSELL C. ERB

## "ALMA MINE"

Washington may be considered the daddy of his country, but Alma is the biggest mama of all. We are referring of course to that grand old lady, Alma Mater.

After a gestation period of the customary nine months Alma delivers many sons and several daughters known collectively as the Alumni Association. Then things begin and we call it Commencement.

Alma's period of confinement is divided into semesters instead of trimesters. Some difficulty is experienced during the first semester in the form of morning sickness resulting in lateness for 8 o'clock classes.

Abortions frequently occur and these are assisted by the Faculty Committee on Student Standing. Such abortions rather than being serious usually are of distinct benefit to Alma.

The Commencement deliveries are termed exercises replacing the old term of labor. The youngsters, termed by various authorities Seniors or Graduates, enter the world in sheep's clothing by obtaining the usual sheep skin. Bare-skin might be more interesting at Colleges for women.

Some of them turn out to be wolves in sheep skin clothes. The wolves are the ones that forget the old lady and do not support her during periods when she needs new equipment.

Alumni as a distinct species have distinct characteristics. They go out in life to make their mark—marks that they never got in college. Some get their marks in the wrong place, black and blue marks made by the girl friend's husband. Others get their X marks on ballots and die of the disease known as politics. For all marks made in life, Alma Mater gets the credit. She gets little cash, but lots of credit.

Alumni are loyal animals—so they say. Always hanging around and cheering for their mama. They spend 10-20 berries to cheer in a stadium seat. They take the day off and withdraw their savings to witness the crew splash around for their Alma Mater. They cheer in everything, but when it comes to contributing to a loyalty fund—the depression is felt and money is scarce. Of such loyalty is a college family made.

Alumni are hoarders. Once upon a time we asked a female alumnus for a kiss, but she refused. That was hoarding. This is characteristic of Alumni—not the kissing, but the hoarding.

Experiments on experimental alumni indicate that inoculation with financial literature produces violent reactions. By repeated "proof-pooling" some Alumni develop an acquired immunity to such literature.

But remember throughout—it's not a campaign. It's a financial program. And a program is a thing to follow.

Alma, Mine! But remember she's not a gold mine.

The following physicians have paid for their Digest—Have you? PLEASE!

Dr. Warren Baldwin  
Dr. Oswald B. Deiter  
Dr. Otterbein Dressler  
Rev. Charles Dubell  
Dr. McFawney Evans  
Dr. Roger M. Gregory  
Dr. Alice Grennell  
Dr. Jean W. Johnson  
Dr. James D. Maxwell  
Dr. John W. McHenry  
Dr. George D. Noeling  
Dr. Mildred E. Perkins  
Dr. Katherine Todd  
Dr. E. De Ver Tucker

THE PHILADELPHIA COLLEGE PLAN  
OF OSTEOPATHIC EDUCATION

By Dr. Edgar O. Holden, Dean.

Harnessing Research Talents a Fundamental  
Consideration in Present College Program

Announcement of the establishment of a separate College Department of Osteopathic Principles and Research last month indicated the mind of the College to attempt insofar as possible to center individual research activities in one organized office and secondly to elaborate a definite plan of procedure from this office. With these purposes clearly in mind, Dr. Frederick Long, head of the new department, after surveying the field during the month just closed, offers a report which gives some valuable data as to what has been going on quietly and unannounced in certain College Departments.

## GENERAL OBSERVATIONS

Many departments have individual research problems which they wish to work out. Some of these have been approached and asked to work with the newly organized Research Department. All have been very willing to co-operate. The individual problems of research are not to be disturbed, but these departments have been asked to hold themselves in readiness to take part in a general research plan. All so far have expressed willingness.

Following is some of this individual work now going on or contemplated.

**PHYSIOLOGY**—Dr. Weisbecker with this office now working out some experiments on the action of the "Lymph Pump". These generally are to determine actual increased flow of lymph and also changes in opsonic index in blood. To this end, Dr. C. Earl Miller, Bethlehem, Pa., has been written to for suggestions. This work will be under way in about two weeks.

**BACTERIOLOGY**—Dr. Py has expressed willingness to work with this office. At present he is carrying out some individual research in Arthritis. A report of this work has been requested. Dr. Py will work with Dr. Weisbecker thru this office in the lymph pump blood work.

**OBSTETRICS**—Dr. H. Walter Evans has approached this department with the problem of making repeated spinal measurements to determine character of spinal changes of posture which accompany the pregnant state. He suggested a machine for making such measurements and at present this office is drafting such a machine as well as making a chart to keep the records.

This research involves the problem of whether or not there are postural changes during pregnancy and if so, whether they are permanent.

**X-RAY**—Drs. Lloyd and Gedney working with this office are carrying out experiments to determine the possibility of emptying the gall bladder by manipulations over the gall bladder and over spinal segments. We are awaiting reports on experiments done to date.

**CHEMISTRY**—Mr. Erb has conducted some experiments in coagulation and gastric acidity which he desires to do more work upon. At present he is carrying out experiments on the possible radio activity involved in smell and taste. Mr. Erb is most willing and enthusiastic about determining chemical effects of various Osteopathic therapeutic modalities now in use.

He is also interested in research of the literature in various subjects—a most important phase.

**ENDOCRINOLOGY**—Dr. Riceman has been approached and has expressed willingness to work thru this office on any problem in which he can be of service, and also to keep this office informed of any individual work he might do.

## GROUP MEETING PLANNED

As soon as some definite plan has been worked out by this office for general research, a meeting will be called of all these various men and close harmony of activity secured.

## GENERAL PLAN OF PROCEDURE

The A. T. Still Research Institute has taken for their problem the study of the experimentally-produced lesions in animals.

It has been contemplated that our group center activity in human changes.

The "Osteogram" has been introduced into the hospital clinic and pediatrics clinic.

The general plan which this office is at present formulating may be roughly outlined in the following manner:

1. Studies of vegetative activity and changes produced by various physical factors including various forms of Osteopathic technique.

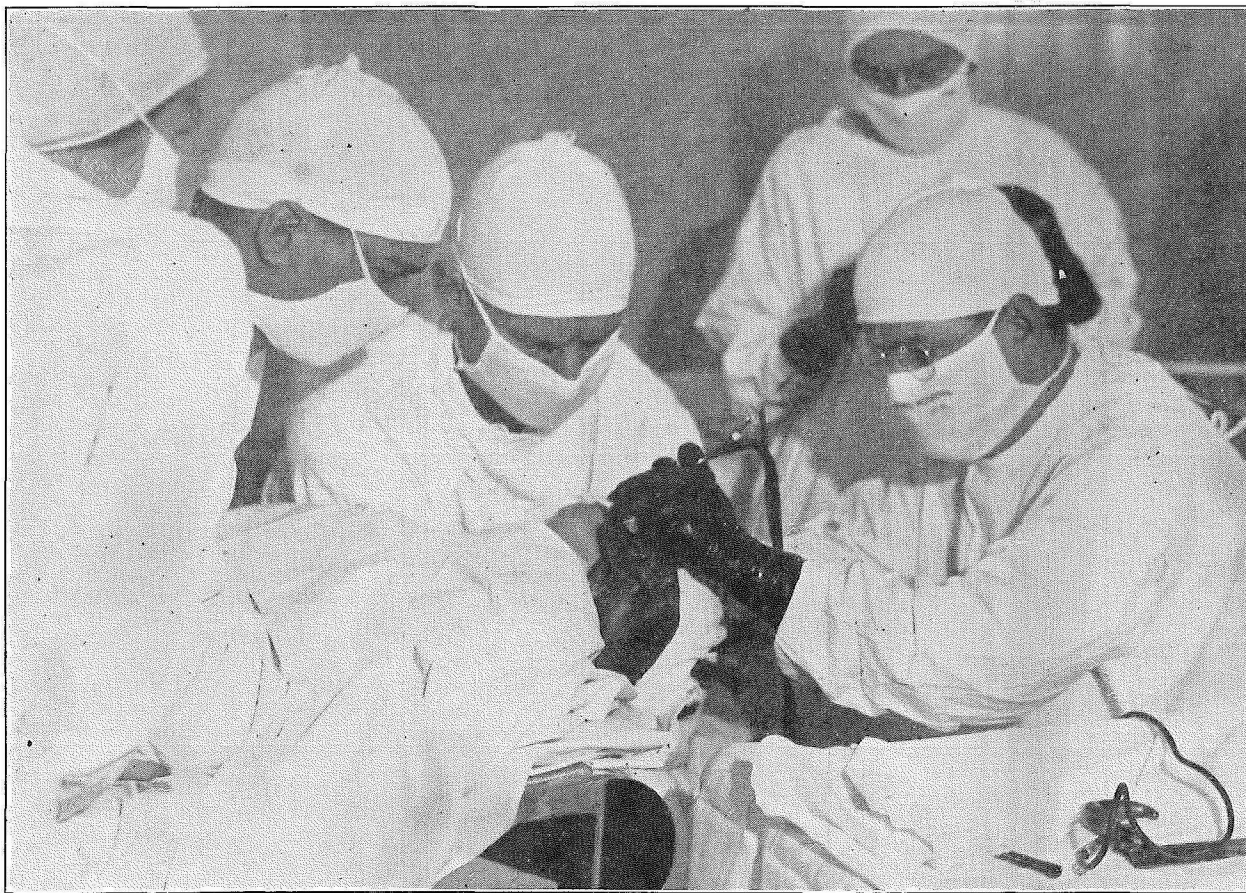
A. Pulse studies in various positions, and under various forms of spinal traction, position, active manipulation pressure, etc.

B. Other effects thru the vegetative nervous system as yet not worked out.

C. Changes in body chemistry, immunological reaction and metabolic activity brought about by Osteopathic manipulation therapy.

At present there have been worked out and mimeographed two pulse studies with charts for records. This work will proceed as the avenues of approach open up.

When sufficient of these studies are ready and the entire plan can be presented in a comprehensive manner, the meeting before mentioned will be held and something definite begun.



BRONCHOSCOPIC TREATMENT BEING GIVEN BY DR. J. ERNEST LEUZINGER WITH RESIDENT INTERNES ELLIS AND BERG ASSISTING  
The Department of Bronchoscopy offers unusual opportunities for graduate study and investigation. This special clinic is the only one of its kind in this specialty in the Osteopathic Profession.



## Peroral Endoscopy

J. ERNEST LEUZINGER, D.O.  
(Associate Professor of Ophthalmology  
and Otolaryngology)

Peroral Endoscopy or Bronchoscopy is that branch of surgery that deals with the examination and treatment of diseases of the Larynx, tracheobronchial tree, Esophagus and Stomach. Every year the literature on Bronchoscopy and Esophagoscopy has increased, and this specialty is now a commonly accepted procedure in the diagnosis and treatment of diseases of the chest. Heretofore reports of the removal of foreign bodies from the bronchial tree was the only information given on this subject. Today every journal of surgery and medicine prints literature dealing with these procedures, consisting of reports, special technique and results secured in this treatment. The widespread interest and remarkable development of peroral endoscopy are due to the demands of the general progress of medical science.

In this age of finding and removing the cause, look and see is the order of the day. In every region of the body, the aid of direct vision is called upon to contribute to the diagnosis and treatment. In cases of thoracic disease the internist can tap, look and listen on the outside. The roentgenologist can look through the patient, and if we add to these the endoscopist who can look into the bronchial tree and remove specimens of tissue or uncontaminated secretions we have a strong diagnostic group.

The thoracic surgeon has come to look upon his bronchoscopic assistant as his most valuable aid. Bronchoscopic aspiration for suppurative disease of the lung of other than foreign body origin, is now a well established procedure indicated in nearly all cases in which external drainage is contraindicated as has been postponed.

### LARYNGOSCOPY

In chronic stidor and hoarseness attacks of cynosis and choking the use of the direct laryngoscope in the examination of the larynx reveals many conditions heretofore considered incurable. A tumor may be present or a unilateral paralysis of the cord or ulceration may be causing this discomfort. Malignancy of the larynx is often ushered in by some common symptom, and examination and the removal of a specimen of tissue often establishes a definite diagnosis.

In childhood many of the above symptoms are believed to be an indication of an enlargement of the thymus, and it is the opinion of many authors on the subject that enlargement of the thymus can seldom if ever be established as a cause of death, and the above symptoms can be accounted for on other basis than that of enlarged thymus.

### BRONCHOSCOPY

#### BRONCHOSCOPY IN DIAGNOSIS

Looper expressed the belief of bronchoscopists generally that the practical use of bronchoscopy as an aid to the diagnosis and treatment of diseases of the chest is increasing in favor. It is apparent therefore that the bronchoscopist has a fertile field for investigation in any general hospital.

In a series of cases reported by Kessel, hemorrhage was the outstanding symptom, and no serious organic disease could be demonstrated. Thorough investigation including endoscopic procedures in certain cases, corroborated the tentatively advanced diagnosis that bleeding was of benign origin.

Buckman's assertions that every general hospital should have one or more members of its staff trained in Bronchoscopy was based on replies to a questionnaire sent to 118 general hospitals. He does not agree that scarcity of cases can be accepted as a reason for a lack of proper facilities. It seems that every large Osteopathic Hospital should give the surrounding community the benefit of this service. The diagnosis of tracheobronchial diptheria which is a very confusing condition is well established by Bronchoscopy. The gray cast occurring in this disease can easily be seen through the bronchoscope and a culture can be taken.

#### BRONCHOSCOPY IN PULMONARY TUBERCULOSIS

In discussing the problem of bronchoscopy in tuberculosis one must place the patients in two groups, one in which the signs and symptoms are definite, but in which cases they develop certain confusing symptoms which call for investigations and treatment.

The second group includes patients with obscure symptoms in which no definite diagnosis can be made and often after examinations the presence of tuberculosis can be established. The absolute contraindications to bronchoscopy in pulmonary tuberculosis are rare. However, Pneumothorax, marked hemoptysis, extensive pulmonary and laryngeal involvement may be considered as contraindications. It has been shown that in a large number of tuberculosis patients, no ill effects were noted after bronchoscopy. Therefore diagnostic bronchoscopy is indicated in all questionable cases of tuberculosis.

### BRONCHOSCOPY IN ASTHMA

A cardinal symptom commonly observed in patients suffering with asthma is wheezing. It is also met with in other conditions. In several articles Jackson discussed the production of wheezing respiration in all of these there is a narrowing of the lumen of the airway. It must be remembered that a wheeze is often produced by secretions in the bronchi as in pulmonary abscess or bronchiectasis.

It occurs on inspiration on expiration or both. The wheezing may be described as rattling, bubbling, crowing, harsh, whistling, stridorous, or noisy. Jackson concluded that all is not asthma that wheezes. It may be due to a foreign body in the main bronchi, or a thick purulent secretion which cannot be expelled by coughing.

Bronchoscopic examinations generally reveals the mechanical cause. In the large number of cases examined and treated about seventy-three per cent of the cases have been benefited. It seems that insufficient attention has been paid to this condition and its relief by means of bronchoscopy.

### PULMONARY ABSCESS

Pulmonary abscess may occur following an attack of Influenza and Pneumonia or any operation where a general anesthetic is administered. Tonsillectomy is a common cause. Many times a pulmonary Atelectasis occurs which is mistaken for other pneumonia, and later this may develop into an abscess.

In the experience of Leon Kindbert and Soulas spontaneous recovery from pulmonary abscess occurs in from 20 to 25 per cent of the cases. Surgical attention is often necessary, but this is usually inadvisable before the eighth week. The authors believe that bronchoscopy should be employed as an aid before operation is resorted to. They expressed the belief that bronchoscopy should be used in cases that have passed the acute stage, as it will cure many of these as well as acute cases. It also improves the patients general condition before operation and aids in localizing the infection.

In the experience of Moersch Bronchoscopy was a necessary procedure in the diagnosis of pulmonary abscess, also its value in the treatment of this condition.

In his series of 105 cases, tonsillectomy under general anesthesia was the most common cause. In considering the location of the abscess with regard to treatment, it was found that the right upper lobe, and the left lower lobe responded least favorably. The above findings certainly favor the use of local anesthesia for any operation when ever possible. While a pulmonary abscess may occur after the use of local anesthesia it is far less common than when general anesthesia is used. Many internists and surgeons are now using bronchoscopy as an aid in the diagnosis and treatment of thoracic disease.

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## Comparative Therapeutics in the Treatment of Pertussis

Dr. C. D. B. Balbirnie

The number of cases of whooping cough encountered this spring surpasses those of any other recent year and calls for pertinent comment with regard to diagnosis and treatment.

This is a communicable disease of childhood, although adults too, may suffer with it. It is believed to be caused by the Bordet-Gengon Bacillus in association with the Bacillus of Pfeiffer. It is characterized by a paroxysmal cough, convulsive in type, terminating in a peculiar whoop. The early symptoms are catarrhal, involving nasal passages, larynx and bronchi, which condition continues for one or two weeks. At this stage or later Broncho-Pneumonia may develop and terminate fatally.

In the spasmodic stage the paroxysms of coughing consist of a succession of short, quick efforts at expiration during which the face becomes red or cyanotic, the eyes seem to bolt out of their sockets and become watery and injected while the tongue protrudes. This series of symptoms ends with the characteristic "whoop" as the air passes through the narrowed glottis. Epistaxis hemoptysis and vomiting frequently occur as a result of the violent effort at forcing the air through this constricted channel.

Other complications sometimes occurring are Petechia, ecchymosis of conjunctiva, peri carditis, pleurisy, collapse of lungs and interstitial emphysema. This stage lasts from four to eight weeks and is recognized and diagnosed only by the "whoop" and the glary and stringy exudate. Frequently an ulcer forms beneath the tongue which heals readily if a pinch of per borate of sodium is used as an antiseptic, several times during the day.

Uric acid appears in large amount in pale urine of high Sp.Gr.

Squellae to be guarded against—acute nephritis, pulmonary tuberculosis and nervous disturbances.

The patient should be kept out of doors and in the sun as much as possible. Frequent vomiting is prone to cause malnutrition, therefore it is well to feed at close intervals, small quantities of nutritious food.

The medical practitioner has sought in vain to find a cure for this distressing malady. The drugs tried, recommended, used for a time and then discarded form a long list and are used only for the purpose of alleviating symptoms. Amongst these are Quinine, chloral hydrate, the bromides, antipyrine, acetaminil, phenitidin and Belladonna administered in expectorant mixtures. The fallacy of using the most frequently administered drug in this disease i. e. Belladonna can be appreciated when we recall the fact that Belladonna dries all secretions of the respiratory system making it still more difficult for the sufferer to emit the stringy mucoid material because of the lack of sufficient moisture in bronchi and glottis.

Dr. Beckman in his "Treatment in General Practice" has recorded the following, on page 271, "there is as yet in whooping cough no remedial agent that even approaches specific value," "the fewer drugs placed in the stomach the better." Ether has been injected intramuscularly in doses starting with 0.5c.c. twice daily gradually increased until as much as 2c.c. were being used with reports of lessened severity of paroxysms. The risk of local necrosis and the severity of the pain that persists for some hours after the injection are the more serious objections to this form of treatment.

Again in Beckman's "Treatment in General Practice" page 274, I quote as follows, "There is no single report to date in favor of the use of vaccines in this disease which is not offset by much more convincing date against their efficacy." Roetgen Ray treatment is the latest effort of our medical friends and is still in the experimental stage. The Osteopathic physician finds the muscles of the neck and those of the thorax greatly contracted, sore, sensitive and rigid. The sternum and clavicles are drawn back upon the respiratory nerves. Irritation of the internal branch of the superior laryngeal nerve produces relaxation of the diaphragm, spasm of the glottis and a convulsive expiration. All through, the disease is largely of neurotic origin.

Adjust after gently manipulating all vertebrae and ribs down to the 7th dorsal to shorten the period of the attack. The 1st or 2nd rib is frequently found to be subluxated, raise all the ribs. Adjust the Hyoid bone. Stimulate the heart center. Free up the neumogastric and the phrenic nerves. Stimulate the sympathetic. The innervation to the mucosa of the respiratory tract is deranged, therefore work over the muscles of respiration. See that the atlas is in proper articulation with the occiput, also using deep inhibitory pressure just inside and back of the transverse processes of the atlas.

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## Clinical Chatter

### LABORATORY NOTES

Last month we presented an article describing a "Qualitative Test for Albumin in Urine". Figure 1, illustrates the method of viewing the tube by indirect illumination on a dark background. This illustration was meant to accompany that article.

### THE DIFFERENTIAL CELL COUNT

This month we wish to discuss two problems in the Differential Cell Count. In our Clinic Laboratory we soon learned that proper identification of blood smears was very important. Whether there are two slides to be examined or fifty, as the case frequently is here, this method of identification must be simply, but infallible. The following is the method we have been using with great success.

The blood smears are made in the conventional way, always at least two smears for each patient. As soon as the smear is dried the name of the patient is scratched in the smear with a sharp instrument. For this purpose a hard lead pencil is excellent. The more the slide is stained the plainer this scratched name becomes as illustrated in Figure 2. This procedure has repeated the frequent observation in laboratory work that the simplest methods are sometimes the best.

The second problem is the interpretation of a differential cell count. The conventional method is to count one hundred cells and then express the result in percentages. Stengle and Fox give the following as normals for adults:

Lymphocytes	20-25 per cent
Large Mononuclears	4-8 per cent
Polymorphonuclears	
Neutrophils	60-70 per cent
Eosinophiles	1-4 per cent
Basophiles	0-5 per cent

This method has been in vogue for many years and has proven to be of great value in conjunction with an enumeration of the white cells of the blood. We believe, however, that more information can be obtained by expressing the same thing as outlined below.

These percentages do not express the actual numbers of each of these cells per cubic millimeter and so many illustrations could be given to show that this method of expression might be misleading at times. We propose therefore, to express our findings both in percentages and in actual numbers. For example a typical average cell count might be expressed as follows:

Leucocytes	7500 per C.M.M.
Lymphocytes	25 per cent
Mononuclears	6 per cent
Polymorphonuclear	
Neutrophiles	67 per cent
Eosinophiles	1 per cent
Basophiles	1 per cent

Column I below shows this expressed in actual numbers of cells per C.M.M. and column II shows the normals (averages of a number of authorities) expressed in the same manner:

Lymphocytes—1875	1000-3000
Mononuclears—450	100-600
Polymorphonuclears	
Neutrophiles—5025	3000-7000
Basophiles—75	0-50
Eosinophiles—70	50-400

Using this system we find that in either method of expressing the results both show this count to be relatively normal.

The two counts listed below show how the newer method is more expressive of the true state of the blood. Note in the count A the older method seems to indicate a decided increase in lymphocytes the newer method shows that this not the case.

#### ILLUSTRATION "A"

Old Method	New Method	Normals
Leucocytes per C.M.M. 2100	2100	5000-10,000
Lymphocytes 95 per cent 1995	1000-3000	
Mononuclears 0	0	100-600
Polymorphonuclears		
Neutrophiles 5 per cent 105	3000-7000	
Eosinophiles 75	50-400	
Basophiles 0.50	0-50	

This modern method of expression shows in this count that the difficulty with the blood is a decrease in Polymorphonuclears. The fact that no Myelocytes are noted indicates that Polymorphonuclears are not being made. Counts made after this one illustrated above showed an absence of polymorphonuclears and the patient died.

A Cell count suggestive of tuberculosis is similarly expressed in Illustration B.

#### ILLUSTRATION "B"

Old Method	New Method	Normals
Leucocytes per C.M.M. 4500	4500	5000-10,000
Lymphocytes 48 per cent 2160	1000-3000	
Mononuclears 10 per cent 450	100-600	
Polymorphonuclears		
Neutrophiles 40 per cent 1800	3000-7000	
Eosinophiles 2 per cent 90	50-400	
Basophiles		

### DIGESTING THE NEWS

(Continued from page 1)

The following women were elected to office: President, Mrs. Raymond Bailey; First Vice-President, Mrs. E. D. Doyle; Second Vice-President, Mrs. W. H. Cumberland; Recording Secretary, Miss S. F. Van Kirk; Corresponding Secretary, Mrs. N. A. Graves; Treasurer, Mrs. H. A. Ellis.

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Dr. O. J. Snyder

A report from the Governor's office at Harrisburg, states that Dr. Wesley P. Dunnington has been appointed to the State Board of Osteopathic Examiners to succeed Dr. O. J. Snyder "whose term has expired."

Dr. Snyder was the only surviving member of the original Board appointed in 1909 and for twenty years he held the office of President. He was a candidate for reappointment having had virtually the unanimous endorsement of the profession of the State (at the State Association meeting held at Harrisburg two years ago, he polled 113 out of 118 votes cast for recommendation for membership on the Board.)

Attorney General Wm. A. Schnader explained that Dr. Snyder's failure to secure reappointment was due to his ineligibility, he being "financially interested in the Philadelphia College of Osteopathy," the law providing that an applicant for membership on the Board must not be directly or indirectly connected with an Osteopathic school or college, etc., etc.

That Dr. Snyder did give financial support to the Osteopathic Hospital of Philadelphia at a time when the hospital was in great financial distress is a fact and this was at a time when not a bank in the city would loan the hospital a dollar. It is safe to say that it was almost wholly due to Dr. Snyder's splendid loyalty and patriotism that the hospital was enabled to keep its doors open and continue its service. While there is, admittedly, a working relationship between the college and hospital, it is, nevertheless, not glaring apparent how financial support of the hospital makes one "financially interested in the college."

When a Digest reporter called upon Dr. Snyder for an explanation and expression, he remarked that personally he "was entirely satisfied" as the routine of the Board work had become "extremely irksome" to him, but expressed the hope that the new Board would be constituted by men who would continue to project and maintain standards of requirements for licensure that would reflect modern, progressive, scientific Osteopathy, and is now being taught in all of our colleges in place of the limited Osteopathy that was taught and practiced thirty or more years ago. To help promote those modern standards, said Dr. Snyder, was the purpose of his desire to remain on the Board.

In thus retiring from the Examining Board, Dr. Snyder is wholly free from official duties in organized Osteopathic activities for the first time since he entered upon practice, thirty-one years ago. When the State Association was organized in 1900, Dr. Snyder was unanimously elected its first president and which office he held until the law regulating the practice of Osteopathy was enacted in 1909 and the first Board of Osteopathic Examiners was appointed upon which he became a member and its president.

In addition to these highest State official positions, Dr. Snyder was president of the Associated Colleges of Osteopathy, 1904-05; the first president of the Philadelphia College of Osteopathy, 1899-1907; president, Academy of Osteopathy Clinical Research, 1912-15; and president of the American Osteopathic Association, 1915-16. On June 1, 1929, Dr. Snyder was awarded the degree of "Doctor of Science in Osteopathy" by the Philadelphia College of Osteopathy and on June 17, 1929, was awarded the "Distinguished Service Certificate" by the American Osteopathic Association for "Accomplishments in Championing High Educational Standards for Osteopathic Education."

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“BOOK REVIEW”

“COURTS AND DOCTORS”  
By Lloyd Paul Stryker

In this book, the author, for many years general counsel for the Medical Society for the State of New York and having personal charge of the legal policy of the Society and the defense of its members who were sued for malpractice, offers advice and counsel that will be instrumental in protecting the doctors against unwarranted attack upon their professional character.

CRIPPLED CHILDREN

Their Treatment and Orthopedic Nursing  
By Earl D. McBride

This volume will supply those interested in the care and treatment of crippled children with much valuable knowledge and information. The information is directed to serve as an instructor for the nurse in her training and practice. In addition to the services of the nurse, however, responsibility for the success of the surgeon's work depends largely upon the degree of co-operation of the social workers and parents so that they also should have a reliable source of information available to them. Orthopedic textbooks are too technical to answer this purpose, while verbal instruction at its best is but fragmentary and open to misunderstanding. The orthopedic surgeon, the nurse and crippled children's societies will find this book useful in imparting knowledge to those of unscientific training who are interested in the relief of deformities and physical handicaps—especially of children.

Methuen & Company Ltd. have published a second edition of “THE NEW HEALING” by Wilfred A. Sreeter.

Vigorous criticism of the claims of Christian Science and other “Faith-healing” movements are offered from the Osteopath's point of view in an additional chapter which the author has written for the second edition of his book, the first authoritative exposition of Osteopathy published in England.

The author discusses the curious history of mesmerism, and shows the ground work of ideas upon which Coueism and other once fashionable “mind-cure” cults were founded, and their relations with primitive notions of magic and superstition in the practice of medicine. Osteopathy, he contends, stands at the opposite pole from these ideas of healing physical ills by mental suggestion, but recognizes that the wise physician invokes the mysterious powers of the mind as his ally in restoring the body to health. For this second edition the entire text has been carefully revised. New material has been added to describe the progress of the Osteopath's struggle to secure legal recognition and regulations of their system in this country.

Editor's Note: All their books are valuable to the physician as reference and study.  
F. D'E.

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By DR. FRANÇOIS D'ELISÇU

George Gilham and his Varsity nine have been playing good baseball this year, considering that Gilham and Chambers were compelled to teach the team fundamentals. The victories over Swarthmore and Haverford offset the Albright game in which our boys could not get started.

The next two games with Moravian College and Delaware will complete the schedule this year with the Varsity playing the Faculty and later the Alumni.

Captain Bill Christensen and his Varsity tennis team have been taking many of their opponents into camp. The team this year as predicted, is strong. They have won most of their matches. The boys are to be complimented and should make one of the best records in the history of tennis.

The Faculty took the scalp off the Varsity-student golf team when Dr. Carlton Street and Champion, arranged the famous golf match that has already been recorded. It took Dr. Bill “Red” Ellis, our genial and hard-working interne, to turn in the best score. Now for the Alumni Reunion Tournament. Three individual prizes, tournament prize and the name of the winner on the new Alumni Championship Shield.

The addition of Brown, Root, Purse and Christensen to Neo Society, four Varsity letter men, is a great tribute to these students and athletes. The men in the field welcome them. Neo graduates

will be pleased to learn that Drs. Ralph Fischer and Paul Lloyd were accepted as the two honorary members of Neo for their attitude, splendid co-operation and advancement of the great work. It is planned to honor at least two men in the field each year. A formal dinner is being planned for the initiation.

Very good news! Our friend and booster Dr. D. S. B. Pennock will return to the college and hospital some time next month to continue with his work. Here is a roster that wont miss a game or contest where the “O” is in action.

The track team did a good job this year considering the many obstacles, and at times lack of facilities. However, more interest next year will make a track schedule possible. Bob Barrett is to be complimented for his interest. The Pre-Osteos have real athletes in that group!

George Hylander, Bob Stauffer, Korn and Schnoll are four men who are going to make good next year in their new class. Hylander takes the first prize, with basketball, baseball, track and swimming! Some record!

Dr. George Gerlach, of Lancaster, and Dr. Helen Conway, of Philadelphia, contributed pictures to the Athletic Office. They are now framed and hanging on the wall. Do you have any old team pictures?

Captain Ladd and his golf team have two more matches before the season is completed.

The Athletic Banquet will honor many of the old time Varsity lettermen. A Varsity Club is to be organized next year at P. C. O.

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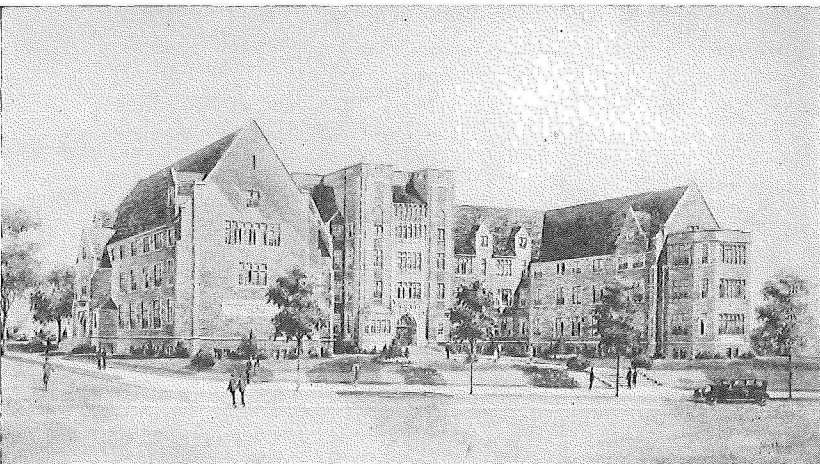
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